

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 000027015

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

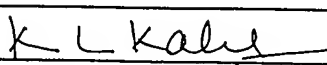
Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 000027015 OR ☐ Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])	Krishan L.		Family Name or Surname Kalra		
Inventor's Signature				Date	MAR 17 2001
Residence: City	Danville	State	CA	Country	U.S.
Post Office Address	60 Eagle Ridge Drive				
Post Office Address					
City	Danville	State	CA	ZIP	94506
				Country	U.S.
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto					

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



<h2>DECLARATION</h2>	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
----------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Jason				Zhang			
Inventor's Signature	Jason Zhang			Date	3/17/01		
Residence: City	San Jose	State	CA	Country	U.S.	Citizenship	U.S.
Post Office Address	1055 North Capitol Avenue						
Post Office Address	No. 142						
City	San Jose	State	CA	ZIP	95133	Country	U.S.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Mitchell				Lok			
Inventor's Signature				Date			
Residence: City	Hayward	State	CA	Country	U.S.	Citizenship	U.S.
Post Office Address	260 Flint Court #10						
Post Office Address							
City	Hayward	State	CA	ZIP	94541	Country	U.S.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Mar-22-01 01:06pm From:AVANEX

+15108874189

T-798 P.004/004 F-798

Please type a plus sign (+) inside this box → ☒

PTO/USPOA (3-97)
 Approved for use through 8/03/01, CMB 0001-0002
 Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it carries a
 valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Jason		Zhong			
Inventor's Signature	Jason Zhong			Date	3/17/01
Residence City	San Jose	State	CA	Country	U.S.
Post Office Address	1055 North Capitol Avenue				
Post Office Address	No. 142				
City	San Jose	State	CA	ZIP	95133
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Mitchell		Lok			
Inventor's Signature	Mitchell Lok			Date	3-22-01
Residence City	Hayward	State	CA	Country	U.S.
Post Office Address	260 Flint Court #10				
Post Office Address					
City	Hayward	State	CA	ZIP	94541
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Inventor's Signature				Date	
Residence City		State		Country	
Post Office Address					
Post Office Address					
City		State		ZIP	

Barcode Note: This form is submitted to help OJ form to complete. There will vary depending upon the needs of the individual user. Any
 information on the amount of time you are required to complete this form should be sent to the CMB Information Office, Patent and Trademark
 Office, Washington, DC 20231. DO NOT SEND PERIODIC COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for
 Patent, Washington, DC 20231.